

Legislation, Budget & the Safety Net

RESULTS OF THE 2005 LEGISLATIVE SESSION

Health care – improving the lives of children and youth at risk

HB 1441 – Health insurance for children

- The goal is that all children, including non-citizens children, have health coverage by 2010 through a combination of employer-sponsored health insurance and publicly supported programs.
- Establishment of the Children's Health program to serve children under the age of 18, not eligible for medical assistance, with household income at or below 100% of the Federal Poverty Level.
- The amount, scope and duration of the Children's Health Program will be the same as that for children receiving medical assistance.
- Enrollment in the Children's Health program will not result in expenditures that exceed the amount appropriated for the program.
- Effective January 2006, undocumented children in families with incomes below 100 percent of the federal poverty level will be eligible for health coverage through the Medical Assistance Administration.

SB 6090 – Budget

Maintain Basic Health Plan Enrollment at 100,000

Funding is increased to cover the cost of medical inflation and maintain Basic Health enrollment at 100,000 subscribers. The funding means the state will not have to reduce health benefits or increase the monthly premiums the working poor pay for this health coverage.

Restore the Children's Health Program

Funding is provided to enroll approximately 8,800 children in the program by the end of Fiscal Year 2007.

Restore Annual Children's Medical Coverage

Children's eligibility for state medical assistance will be reviewed annually, rather than every six months, providing a full year of coverage.

Eliminate Premiums for Children's Medical Coverage

The Department of Social and Health Services will continue to provide premium-free medical and dental coverage for children with family incomes between 150-200 percent of poverty, which is about \$1,900 to \$2,600 per month for a family of three.

Substance abuse treatment: Bridging the Treatment Gap

E2SSB 5763a – Mental disorder treatment

The bill is intended to improve service delivery to persons with mental disorders, chemical dependency disorders, or co-occurring mental and substance abuse disorders. Among other things, the bill:

- Establishes a process to identify individuals with co-occurring mental illness and substance abuse disorders through the consistent use of standardized screening and assessment processes.
- Reduces chemical dependency treatment gap by increasing penetration of chemical dependency services from 20-60%.
- Seeks improved outcomes through evidenced based, research based and consensus based practices.

SB 6090 – Budget

Expands Drug and Alcohol Treatment Services.

\$18.8 million in state funds and \$10.5 million in federal funds are provided to more than double chemical dependency treatment services to Medicaid-enrolled disabled adults. In addition, \$5.0 million in state funds and \$1.7 million in federal funds are provided to treat an additional 1,000 youth per year.

Funding is also provided for chemical dependency counselors and educational coordinators in Children's Administration regional field offices.

SB 5974 – Chemical dependency

Requires opiate substitution treatment programs to:

- Disseminate written and verbal health education information to their pregnant clients concerning the possible addiction and health risks that their methadone use may expose their babies to.
- Provide referral options for the addicted baby to the pregnant clients.

Requires DSHS to:

- Adopt regulations that require opiate treatment programs to educate all pregnant women on the risks and benefits of opiate treatment programs to their fetus prior to providing methadone.
- To develop in consultation with opiate treatment programs and medical experts, and disseminate educational materials to all certified opiate treatment programs.

Improving the safety net for children at risk

SB 6090 – Budget

Kids Come First, Phase II

Funding is provided for the new Child Protective Services / Child Welfare Services model, which allows CPS workers to more quickly investigate abuse and neglect, while child welfare workers can visit at-risk children and families more often. Funding is also provided for chemical dependency counselors and educational coordinators in regional field offices.

2SHB 1050 – Foster youth education

The bill creates a foster care endowed scholarship program to be administered by the Higher Education Coordinating Board. The scholarship program is designed to assist foster youth ages 16 to 23 years, who have been in the state's foster care system six months or longer since turning 14 years of age, to attend institutions of higher education in the state of Washington.

The bill also includes the following provisions:

- Outline of plan regarding the establishment and management of the scholarship trust fund.
- The creation of an advisory board for the foster care endowed scholarship program

ESHB 1314a – Domestic violence prevention

Creates the domestic violence prevention account to fund non-shelter based services for victims of domestic violence. Account funds will come from a \$30 increase in the filing fee for dissolution/legal separation actions. Directs DSHS to administer the account funds and establish minimum standards for preventive, non-shelter community-based services.

SHB 1426a – Incarcerated parents

Establishes an oversight committee charged with developing a comprehensive interagency plan to coordinate and expand existing services for children of incarcerated parents.

SHB 2156a – Parental rights/termination (Sirita's Law)

Creates a task force (of which the DSHS Secretary is a member) to make recommendations to address issues raised in recent child fatalities regarding dependency and parental rights termination laws and procedures.

HB 2189a – Child welfare services staff

This bill requires Children’s Administration (CA) to establish a workgroup to develop policies and protocols around worker safety.

ESSB 5308a – Child abuse reporting

This bill creates a new category of persons who are mandated to report child abuse and/or neglect. The bill mandates those persons in a supervisory capacity in non-profit or for-profit organizations to report allegations of CA/N by their employees, contracted personnel, or volunteers, over whom he or she regularly exercises supervisory authority, to the proper law enforcement agency.

The person alleged to have caused the abuse or neglect must be employed by, contracted by, or volunteer with the organization and must coach, train, educate, or counsel a child or children or regularly have unsupervised access to a child or children as part of the employment, contract or voluntary service.

ESB 5583a – Older child victims of abuse

Requires the Department of Social and Health Services to develop a curriculum to train staff on how to screen and respond to referrals to Child Protective Services involving victims of abuse or neglect between the ages of 11 and 18.

Requires the Department of Social and Health Services to review screening decisions by Child Protective Services related to children between the ages of 11 and 18.

ESSB 5872a – Family/children’s department

Creates a joint task force to conduct a study to determine the most appropriate and effective administrative structure for delivery of social and health services to the children and families of the state.

ESSB 5922a – Child abuse and neglect

Requires DSHS to:

- Inform parents, guardians or legal custodians of allegations made against them at initial contact in a manner that will not jeopardize the safety or protection of the child or the integrity of the investigation.
- Train all workers conducting investigations regarding the legal duties of the department.

When funding becomes available in fiscal year 2007, the department will have more authority to intervene to protect children in neglect cases.

Outlines requirements for the parents to follow regarding participation in services if children are returned home.

Changes the definition of abuse or neglect and negligent treatment or maltreatment

Specifies that poverty, homelessness, or exposure to domestic violence do not constitute negligent treatment or maltreatment in and of themselves.

Breaking the cycle of mental health disorders

SB 6090 - Budget

Sustain critical community mental health services

Provides \$80 million in state General Fund, during the biennium, to ensure continued critical mental health treatment and services in local communities for people who are not eligible for Medicaid. Of this amount, \$10 million will provide treatment to people who are incarcerated or recently released from incarceration.

SHB 1154 – Mental health parity

Requires insurance coverage for mental health services to be at parity with medical and surgical services. Specifically, co-payments, prescription drug benefits, out-of-pocket expenses, deductibles, and treatment limitations for mental health conditions must be the same or included with those for physical health conditions. Parity is phased in over a period of five years.

HB 1290 - Community mental health

Allows counties as well as other interested entities to be recognized by the department as a regional support network through a departmental procurement process to further enhance the development of community mental health programs which would help people experiencing mental illness to retain a respected and productive position in the community accomplished through recovery based programs.

E2SSB 5763a – Mental disorder treatment

The bill is intended to improve service delivery to persons with mental disorders, chemical dependency disorders, or co-occurring mental and substance abuse disorders. Specific provisions include:

- Establish a process to identify individuals with co-occurring mental illness and substance abuse disorders through the consistent use of standardized screening and assessment processes.
- Improve outcomes through evidenced based, research based and consensus based practices.
- Expand use of therapeutic courts – drug, mental health and family therapeutic courts.

- Improve access to services by improving Medicaid processes so that someone released from jail or prison can have Medicaid benefits restored quickly so they receive the treatment they need to keep them from re-offending.
- Improve access to inpatient services by creating a new facility licensure.
- Authorize a combined mental and chemical dependency crisis response system in two pilot areas including establishing secure detoxification facilities and intensive case management services and mandating a study of outcomes.

Improving the lives of people with disabilities

SB 6090 – Budget

Increase Community Residential Supports for Individuals with Developmental Disabilities.

Funding is provided for community residential placements and support services for up to 80 clients, including 35 placements for individuals needing community protection placements, and an additional 39 other community placements. Priority for the placements will include clients without residential services who are in crisis or immediate risk of needing an out-of-home placement, children aging out of other state services, and current waiver clients who need additional services.

Expand Employment and Day Services

An additional 600 individuals with developmental disabilities will receive employment and day program opportunities in the 2005-07 biennium. Funding is provided for both clients receiving federal Medicaid waiver services and for non-waiver clients. Funds are prioritized for young adults graduating from high school.

Personal Needs Allowance

Funding is provided to increase the personal needs allowance from \$41.62 per month to \$51.62 per month, for an average of 12,200 publicly-funded clients residing in institutional settings, including clients residing in nursing facilities, residential habilitation centers, and state mental hospitals.

Implement Residential Habilitation Center Efficiencies

A reduction in the number of staff and funding for state-owned residential habilitation centers will be achieved by aligning staffing levels more closely with occupancy and minimum national standards and federal requirements.

SHB 1791a – Developmental disabilities trust fund

Authorizes the use of excess property at Rainier School and Lakeland Village, identified in the 2002 JLARC Capital Study of the Residential Habilitation Centers, to fund the developmental disabilities, Dan Thompson Memorial, trust account. The funds, investment income only, can be used only after appropriation and only for family support and/or employment and day services for persons who are

eligible and can benefit from DD community services. A report to the Legislature identifying efforts and strategies to fund the trust account is due June 30, 2006.

SB 5311a – Autism task force

The Caring for Washington Individuals with Autism Task Force is established to study and make recommendations regarding the incidence of autism in Washington, and ways in which service coordination and delivery could be improved. The task force is to submit recommendations to the Governor and Legislature by December 2006.

Sustaining and strengthening Washington’s system of long-term care

2SHB 1220a – Long-term care financing

The purpose of this bill is to establish a joint legislative and executive task force on long-term care financing and chronic care management. The Secretary of DSHS will serve on this joint task force, which will review public and private mechanisms for financing long-term care and make recommendations related to:

- Efficient payment models to sustain public funding and maximize the use of financial resources.
- Feasibility of private options to enable individuals to pay for long-term care and tools to implement these options, such as:

The task force will report its initial findings to the governor and appropriate committees by January 1, 2006, report its recommendations by January 1, 2007, and submit a final report by June 30, 2007

HB 1364/SB 5347 – Nursing home temporary managers

This bill requires the Department of Social and Health Services to indemnify, defend and hold harmless temporary managers of nursing homes against claims for actions that are not intentional torts or criminal behavior.

Improving background checks for workers with vulnerable populations

SHB 1681a – Background check task force

This legislation will continue the Legislative Joint Task Force on Criminal Background Check Processes originally enacted in 2004 and requires a report and recommendation to the legislature by December 31, 2005.

The Task Force membership is increased from eight to eleven members. New representatives include a for-profit entity serving children, a person appointed by the state long-term care ombudsman’s office, and

a representative of nonprofit organizations that recruits volunteers and trains non-profit boards of directors.

The Task Force will undertake two new responsibilities under this legislation. They will review and make recommendations regarding:

- The feasibility of establishing a state registration program for private youth sports coaches.
- The practices of DSHS checking the backgrounds of employees, applicants and candidates for promotion.

SSB 5899a – Background checks

Allows the WSP to disseminate all conviction information under the Criminal Records Privacy Act, Chapter 10.97 RCW instead of the current dissemination requirements in RCW 43.43, which limit dissemination to only crimes classified as crimes against persons.

Requires DSHS to establish rules and set standards for specific action in the consideration of conviction and civil adjudication proceedings and out-of-state equivalencies.

Amends RCW 10.97.050 to restrict access to public pending charge information provided to entities requesting information under RCW 43.43.832. The WSP is required to screen out all pending charge information not considered a charge for a crime against persons.

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